

Application for Amendment to Town Official Plan

Under Section 22(4)(5) of the Planning Act

Completeness of the Application

The information in this form **must** be provided by the applicant with the appropriate fee. If the information and fee are not provided, the application will be returned or refused for further consideration until the information and fee have been provided. This information is prescribed in the schedule to Ontario Regulation 435/06 made under the Planning Act and Town By-Law.

The application form also sets out other information that will assist in the planning evaluation of the application. To ensure the quickest and most complete review, this information should be submitted at the time of application. In the absence of this information, it may not be possible to do a complete review within the legislated time frame for making a decision. As a result, the application may be refused.

Section 6, Sworn Affidavit, must be signed by all owners in front of a commissioner, or Sections 7.1 and 7.2 must be completed by the property owner if an agent is making this application on their behalf.

Application Fee: \$2,000.00
Deposit Required: \$10,000.00
SECURITY DEPOSIT: Costs will be invoiced as received and are required to be paid in full and will not be drawn from the security deposit. The security deposit will be returned when your file is closed.

For Help

If you have any questions please contact the Municipal Office:

TOWN OF GRAND VALLEY
 5 MAIN STREET, GRAND VALLEY, ONTARIO, L9W 5S6
 Phone: (519) 928-5652
 Fax: (519) 928-2275

DATE RECEIVED: _____

Property Roll Number _____

Please Print and Complete or (T) Appropriate Box(es)

1. Applicant and Ownership Information		
1.1	Name of Applicant	Home Telephone No.
	Address	Business Telephone No.
	Email	Postal Code
1.2	Name of Owner(s) If different from the applicant an owner's authorization is required in Section 7.1, if the applicant is not the owner.	
	Address	Home Telephone No.
		Business Telephone No.
1.3	Name of the person who is to be contacted about the application, if different than the applicant (this may be a person or firm acting on behalf of the applicant).	
	Name of Contact Person	Home Telephone No.
		Business Telephone No.
	Address	Postal code
		Fax No.
1.4	Any Mortgages, Charges, or other encumbrances in respect of the subject land:	
	Name	Address

2. Location and Description of the Subject Land			
2.1	County: Dufferin	Municipality Town of Grand Valley	
	Concession Number	Lot	Registered Plan/Lot(s) / Block(s)
	Reference Plan No.	Part Number (s)	Street/Road: Street/Emergency No.
	Width of street/road ____m	<input type="checkbox"/> Municipal year round maintained road <input type="checkbox"/> County Road <input type="checkbox"/> Seasonal or private road	
	Frontage (m)	Entire Property	Affected Area (if amendment does not affect entire property)
	Depth (m)		
	Area (hectares)		
3. Zoning and Official Plan Information			
3.1	Current zoning of the subject lands:		
3.3	Related Applications under the Planning Act, if any:		3.4 Has subject lands ever been subject of an Application under the Planning Act? File # Status: File # Status:
3.5	PURPOSE: Identify policy and give purpose of proposed amendment, if applicable. <input type="checkbox"/> CHANGE <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> DELETION <input type="checkbox"/> ADDITION		
3.6	Current Official Plan Designation:		
3.7	Proposed Official Plan Designation:		
3.8	Are there any easements or restrictive covenants affecting the subject lands? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe		
3.9	The land uses which would be authorized by the proposed official plan amendment.		
3.10	the subject land, or lands within 120 metres of the subject land, the subject of an application for approval of an official plan amendment, a zoning by-law amendment, a minister's zoning order amendment, a plan of subdivision, a consent or a site plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe		
	Status:		

4. Proposed Amendment	
4.1	The text of the proposed amendment if a policy in the official plan is being changed, replaced or deleted or if a policy is being added to the official Plan. <input type="checkbox"/> Yes , Attached. <input type="checkbox"/> No, Does not apply.
4.2	The proposed schedule to the official plan if the proposed amendment changes or replaces a schedule in the official plan. <input type="checkbox"/> Yes , Attached. <input type="checkbox"/> No, Does not apply

5. Consistency with Policy Documents	
5.1	Does this application Alter the boundary of a settlement area? <input type="checkbox"/> yes <input type="checkbox"/> no Create a new settlement area? <input type="checkbox"/> yes <input type="checkbox"/> no Remove lands from an employment area? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide details of any Official Plan or Official Plan Amendment
5.2	Are the subject lands in an area where conditional zoning may apply? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide details of how this application conforms to Official Plan conditional zoning policies.
5.3	Is the proposed application consistent with the Provincial Policy Statement and any other Policy Statements issued under subsection 3(1) of the Planning Act: <input type="checkbox"/> yes <input type="checkbox"/> no _____ Name of individual having knowledge of the policy statements. A report may be required to accompany this application and support the above statement of consistency. Signature _____
5.4	Are the subject lands within the Greenbelt Plan area <input type="checkbox"/> yes <input type="checkbox"/> no
4.5	Are the subject lands within the Greater Golden Horseshoe Growth Plan area <input type="checkbox"/> yes <input type="checkbox"/> no
5.6	Does the proposed application conform to or does not conflict with the Provincial Plans, including the Greenbelt Plan and Growth Plan: <input type="checkbox"/> yes <input type="checkbox"/> no _____ Name of individual having knowledge of the plans A report may be required to accompany this application and support the above statement of consistency. Signature _____

6. Land Use	
6.1	Date property acquired <input type="checkbox"/> Unknown
6.2	Existing Use
5.3	Proposed Use

7. Environmental				
Water <input type="checkbox"/> Private Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Municipal Well <input type="checkbox"/> Other _____	Sewage Disposal <input type="checkbox"/> Private Septic <input type="checkbox"/> Communal System <input type="checkbox"/> Other: _____	Storm Drainage <input type="checkbox"/> Sewer <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Others: _____	Tile Drainage <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location of tile runs	Biosolids <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location and timing of applications
Does the proposed development produce greater than 4500 litres of effluent per day? <input type="checkbox"/> yes <input type="checkbox"/> no				
If yes, attach a servicing options report and hydro geological report.				

8. Agriculture			
<p>Are lands part of a Nutrient Management Plan?</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes, please provide plan number _____ and date approved by OMAFRA _____</p>			
<p>Are there any livestock facilities within 500 metres of the subject lands? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, complete the following for each farm operation:</p>			
Animal type	Barn dimensions of all barns capable of housing livestock	Number of tillable hectares of farm land	Type of Manure storage
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9 Sketch	
9.1	<p>The application shall be accompanied by a sketch showing the following: (Please Use Metric Units)</p> <p>X the boundaries and dimensions of the subject land.</p> <p>X the location, size and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings or structures from the front yard lot line, rear yard lot line and side yard lot lines.</p> <p>X the approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that may affect the application. Examples include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.</p> <p>X the current use on land that is adjacent to the subject land.</p> <p>X the location width and name of any road within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right of way.</p> <p>X the location and nature of any easement affecting the subject land.</p>

Please completed the authorization, declarations and acknowledgement form.

AUTHORIZATION, DECLARATIONS AND ACKNOWLEDGEMENTS



IN THE MATTER OF A PLANNING APPLICATION FOR:

- Official Plan Amendment
- Zoning By-law Amendment
- Consent to Sever
- Plan of Subdivision/Condominium
- Other _____

OWNERS AUTHORIZATION

I, _____, am the owner of the lands subject to this application hereby agree to the following:

1. Town staff or their representatives are authorized to enter my property for the purposes of evaluating this application.
2. I acknowledge and agree to pay all costs associated with the processing and evaluation of this application, including any peer reviews and consulting fees. These costs may be deducted from the deposit or invoiced directly, at the discretion of the Town. Should this application be appealed to the OMB, I am aware that I will be responsible and agree to pay all fees related to the OMB process.
3. For the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application, and further I authorize my agent for this application to provide any of my personal information that will be included in this application or collected during the processing of this application.
4. I authorized _____ to make this application on my behalf.

Date

Signature of Owner

SWORN DECLARATION OF APPLICANT

I, _____ of the _____
in the _____ make oath and say (or solemnly declare) that the
information contained in this application is true and that the information contained in the documents that accompany this
application is true.

Sworn (or declared) before me

at the _____

in the _____

this _____ day of _____ 20__

Applicant

Commissioner of Oaths

Applicant